

0543474 2023CT-016811ASB/021

ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE
OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department	
Agency Report Number (N.T.A.'s only) 3, 2 2023-011664		Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type: UNARMED	
Location of Arrest (Including Name of Business) 400 S FEDERAL HWY, BOCA RATON, FL 33432		Location of Offense (Business Name, Address) 400 S FEDERAL HWY, BOCA RATON, FL 33432		Multiple Clearance Indicator	
Date of Arrest 09/17/2023	Time of Arrest 02:13	Booking Date 09/17/2023	Booking Time 02:23	Jail Date 09/17/2023	Jail Time 03:25
Name (Last, First, Middle) KATZ, ELISA BARI		Alias (Name, DOB, Soc. Sec. #, Etc.)		Location of Vehicle WESTWAY	
Race W - White 1 - American Indian B - Black O - Oriental/Asian W		Sex F	Date of Birth 02/08/1963	Height 5'01	Weight 109
Eye Color BROWN		Hair Color BROWN		Complexion LIGHT	Build Small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status M		Religion NONE	
Local Address (Street, Apt. Number) 10881 FOX GLEN DR, BOCA RATON, FL 33428		(City) (State)		(Zip) (561) 703-5524	
Permanent Address (Street, Apt. Number) 10881 FOX GLEN DR, BOCA RATON, FL 33428		(City) (State)		(Zip) (561) 703-5524	
Business Address (Name, Street) CORAL SUNSET ELEM,		(City) (State)		(Zip) (561) 703-5524	
D/L Number, State K320202635480 / FL		Soc. Sec. Number [REDACTED]		INS Number QUEENS, NY, United	
Citizenship US		Place of Birth (City, State)		Residence Type FL DL	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Parent ☐ Parent ☐ Legal Custodian		Name (Last, First, Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)	
Notified by (Name)		Date		Time	
Released To (Name)		Relationship		Date	
The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade	
Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property	
Drug Activity N - N/A P - Possess		S - Sell B - Buy T - Traffic		R - Smuggle D - Deliver E - Use	
K - Dispenses Distribute		M - Manufacture Produce Cultivate		Z - Other	
Drug Type N - N/A A - Amphetamine		B - Barbiturate C - Cocaine E - Heroin		H - Hallucinogen M - Marijuana O - Opium/Deriv.	
P - Paraphernalia Equipment S - Synthetic		U - Unknown Z - Other			
Charge Description DRIVE UNDER INFLUENCE ALC		Statute Violation Number 316.193(1A)		Violation of ORD #	
Drug Activity		Drug Type N		Amount Unit	
Offense #		County 1		Domestic Violence ☐ Y ☒ N	
Warrant Capias Number		Bond			
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount Unit	
Offense #		Counts		Domestic Violence ☐ Y ☐ N	
Warrant Capias Number		Bond			
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount Unit	
Offense #		Counts		Domestic Violence ☐ Y ☐ N	
Warrant Capias Number		Bond			
Health - Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries		Explain:	
Check which applies: ☐ Released O.R. ☐ Pooled Bond		☐ Released to Parent/Guardian ☐ South County Mental Health		☒ T.O.T. County Jail	
Transported By OWIRKA		PROPERTY - Received By 868		Released By 868	
Date Transported 09/17/2023		Time Transported 03:26		Other	
☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 10/16/2023 08:30:00	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
HOLD for Other Agency		Signature of Arresting Officer WILLIAMS, D.		Name Verification (Printed by Arrestee) OWIRKA	
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		ID # 868	
Intake Agency Banille		ID # 18304		Pouch # 866	
Transporting Officer OWIRKA		ID # 866		Agency BOCA	
Witness here if subject signed with an "X".		1 OF 1			

SCANNED
SEP 17 2023

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-011664				
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:				
D E F E N D A N T	Name (Last, First, Middle) KATZ, ELISA BARI				Race W		Sex F		Date of Birth 02/08/1963
	Charge Description 316.193(1A) DUI				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race U		Sex U		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) 338-1234		Address Source		
P R O B A B L E	Business Address (Name, Street) (City) (State) (Zip)				Phone (561) -		Occupation		
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody . . . ☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>17</u> day of <u>September</u>, <u>2023</u> at <u>02:13</u> (Specifically include facts constituting cause for arrest.) On 9/17/2023, at 0149 hours, I was traveling southbound on Federal Hwy (US-1) approaching SE 4th Ave. I watched as a Chevy (FL NXIG23) exit from 308 Via De Palmas, crossed all north and southbound lanes in violation of a one-way traffic control sign, and in the process drove over the concrete median. I activated my emergency equipment and conducted a traffic stop on the vehicle at 400 S Federal Hwy. I walked up to the driver's side window and identified the driver by her FL DL as Elisa Katz. Upon approaching Katz, I was immediately presented with the overwhelming odor of alcohol emanating from within the vehicle. Kats advised she was driving home from a bar called "The Beer Garden" where she consumed "two drinks". Katz then advised if I would let her go, she would be willing to get an Uber. In speaking with Katz, I was able to smell the odor of alcohol emanating from her breath. Katz also had bloodshot and watery eyes. Based upon the combination of pre and post-stop indicators, I requested Katz participate in Field Sobriety Exercises which she initially denied, however, after explaining the purpose of FSEs and advising her of her Taylor Warnings Katz changed her mind. Katz advised she has no medical conditions and is healthy. The FSEs were conducted as follows. Horizontal Gaze Nystagmus (HGN) The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as she attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus. While giving the instructions the defendant									
S W O R N	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	IMMLER, AMANDA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>09/17/2023</u> DATE				WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) <u>09/17/2023</u> DATE				
PAGE 1 OF 3									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED

SEP 17 2023

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2023-011664				
Charge Type: ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance Check as many as apply: ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other			Special Notes:				
Name (Last, First, Middle) KATZ, ELISA BARI			Alias	Race W	Sex F	Date of Birth 02/08/1963	
continued to sway. Walk and Turn The surface was flat and hard. The defendant attempted to do the exercise without shoes. The line used was a painted white line. I made sure the defendant both knew the line she would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps, made an improper turn, walked off the line, stopped to steady herself, and failed to walk Heal-to-Toe. One Leg Stand The surface was flat and hard. The defendant attempted to do the exercise without shoes. The defendant raised her right leg. During the exercise, the defendant continued to sway, placed her foot down, and failed to look at her raised foot. Finger to nose The surface was flat and hard. The defendant conducted the exercise without shoes. The defendant failed to touch the tip of her finger to the tip of her nose multiple times. During the exercise, the defendant continued to sway. Modified Romberg Balance The surface was flat and hard. The defendant conducted the exercise without shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 24 seconds. Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant was too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0213 hours, for driving under the influence. Katz was placed in handcuffs that were checked for tightness and double-locked. The vehicle was towed by Westway towing. The tow log was completed and submitted by Officer Grubbs. Katz was transported to the BRPD DUI room. Officer Walker conducted the 20-minute observation and operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results							
SWORN AND SUBSCRIBED BEFORE ME IMMLER, AMANDA <i>Am 769</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/17/2023 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 09/17/2023 DATE							

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-011664		
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:				
D E F	Name (Last, First, Middle) KATZ, ELISA BARI				Race W	Sex F	Date of Birth 02/08/1963
	Alias _____ were (.160/.149) Katz was transported to Palm Beach County Jail.						
NOT A CERTIFIED COPY							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  IMMLER, AMANDA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/17/2023 DATE  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 09/17/2023 DATE						
	PAGE 3 of 3						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

 SCANNED
 SEP 17 2023

2023-11664

Elisa Bari Katz

X15 213

Obs. 219

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 17 day of September, at _____ AM/PM:

Subject: ELISA KATZ Case Number: 23-11664

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly

☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less

☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation

☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: *160, .149

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 9/17/23 (date) by K. Walker

Notary/Clerk of Court/ Officer (FSS 117.10) 9/17/23 Date

Signature of Arresting Officer Dorothy Williams Name of Officer (print)

ARRESTING OFFICER: D. W. AME

Name: P. Grubbs Phone # _____ Work # _____

Address: _____

Can testify to: OFFER

Name: K. WILSON Phone # _____ Work # _____

Address: _____

Can testify to: breath sample

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 23-11664

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday, September, 17, 2023.
(day) (month) (date) (year)

B. The time is now approximately 241 (A)PM.

C. The following is in reference to case number 23-11664.

D. Present at this time is Off. Williams of the Boca Raton Police Department.
(Officer's Name)

E. Officer Williams, have you arrested EMCA KATE in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Kate, I am required to inform you these
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: ELISA KOTZ

CASE #: 23-11644 DATE: _____

BREATH TEST RESULTS

1) TIME 0160 246 AM/PM 2) TIME 0149 249 AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: K. Walker

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
- (7) Any statement can be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain: _____

Are you sick or injured? ☐ Yes ☐ No If yes, explain: _____

Do you limp? ☐ Yes ☐ No

Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No

Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No

Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 9252 AM/PM.

The date is September (month), 17 (day), 2023 (year).

SCANNED
SEP 17 2023

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 09/17/2023

Date of Last Agency Inspection: 09/14/2023

Observation Period Began: 02:19

Subject's Name: ELISA B KATZ

DOB: 02/08/1963 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:43
	Air Blank	0.000	02:44
	Control Test	0.080	02:44
	Air Blank	0.000	02:45
	Subject Sample #1	0.160	02:46
	Air Blank	0.000	02:46
	Air Blank	0.000	02:48
	Subject Sample #2	0.149	02:49
	Air Blank	0.000	02:50
	Control Test	0.079	02:50
	Air Blank	0.000	02:50
	Diagnostics Check	OK	02:51

Cylinder Lot: 29122080A2
Exp: 12/05/2024

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I, ELISA B KATZ, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature]

Signature

Date: 9/17/23

Sworn to (or affirmed) before me this 17 day of September, 2023

[Signature]
Signature of Notary Public-State of Florida

David Williams 868
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2023024473	Date: 9/17/2023
	Specialist Name/ID#: Rebeca Castro / 40259

SCANNED
SEP 17 2023